|  |  |
| --- | --- |
| C:\Users\ass089\AppData\Local\Temp\SALFORD-LOGO_RGB__WEB_72.jpg | Third Party Consent Form |
|  |

|  |
| --- |
| **Consent for a third party to act on a student’s behalf in connection with the following:*** **Academic Appeal / Student Complaint / Academic Misconduct / Student Misconduct / Fitness to Practise / Fitness to Study (Delete as appropriate)**
* **Other matter (Please specify):**
 |
| **To be completed and returned to the University using the student’s University email account or a personal email account known to the University.** |
| **Section A: Details of the student authorising a third party to act on their behalf** |
| Name / Roll No.: |  |
| Date of Birth : |  |
| Address: |  |
| School: |  |
| Programme: |  |
| Tel. No.: |  | Email: |  |
| **Section B: Details of the person authorised to act on behalf of the student** |
| Name: |  |
| Role/relationship to me: |  |
| Address: |  |
| Tel. No.: |  | Email |  |
| **Section C: Special Instructions/conditions** |
| At times it may be appropriate to share your information with other departments within the University. We will only share relevant information with relevant department(s)Tick here if you would prefer for this information not to be shared: [ ] Outline any special instruction or conditions here:**Please note that if you state that data should not be shared, this may limit the way in which the university can act or proceed.** Any disclosures of risk to yourself or others will be shared with the Wellbeing service to ensure that the University can act in your best interests.  |
| **Section E: Declaration by the Student** |
| I confirm that I am the person detailed above in Section A.I confirm that my representative is happy to act in this capacity.I confirm that I will pass any relevant information relating to the procedure(s) to my representative.I confirm that my representative has not been suspended/excluded from the University. |
| Signed: |  | Date: |  |